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Attorney Docket Number PU020085

Attorney Docket Number PU020085

DECLADA:	FION	LEOD LITH ITV OD	Attorney Docket Number	PU020085		
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			First Named Inventor	Michael Thomas Hauke		
			COMPLETE IF KNOWN			
			Application Number	/		
☑Declaration Submitted With Initial Filing	OR	☐Declaration Submitted after Initial	Filing Date			
	Filing (surcharge	Group Art Unit				
		(37 CFR 1.16 (e)) required)	Examiner Name			

		المرادي		·				
As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
MODULAR BROADCAST TELEVISION PRODUCTS								
the specification of which (Title of the Invention)								
☐ is attached hereto								
OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy	Attached?			
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO			
	J							
	•							
☐ Additional foreign application	numbers are listed on a sup	plemental priority data she	et PTO/SB/02B attac	hed hereto:				
I hereby claim the benefit under 3	35 U.S.C. 119(e) of any Unit	ed States provisional applic	cation(s) listed below	•				
ApplicationNumber(s)	Filing Date (
60/369,813	April 4, 2002			Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

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Direct all corresp	condence to:		mer Number r Code Label			OR	⊠ c	orrespondance address below
Name JOSEPH S. TRIPOLL								
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor							unsigned inventor	
Given Name MICHAEL THOMAS Family Name HAUKE or Surname								
Inventor's Signature	7/		K				D	ate 10/30/03
Residence: City	/		State Ch	c	Country		Citizenship	
Nevada City	Nevada City California			Χ ι	USA		USA	
Mailing Address 20653 Rector Road								
Mailing Address	S	•						
City		State		ZIP		Country		
		California		95959 USA		•		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor					unsigned inventor			
Given Name STEVEN-EDWIN					Family Name MILLER or Surname			
Inventor's Signature MC Mill				Date 10/30/03				
Residence: City State			X 0	Country			Cltizenship	
Nevada City California			L	ISA			USA	
Mailing Address 11600 Willow Valley Road								
Mailing Address								
City		State	•	7	ZIP Country		ountry	
Nevada City		California			95959 USA			6A
	nventors are b	eing named (on the 1 supple	emental	Additional Inventor(s	s) sheet(s) P	TO/S	B/02A attached hereto.



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor				
Given Name (first and midd	le [if any])	F	Family Name or Sumame			
RAYMOND ANDREW		BRYARS				
Inventor's Signature	POVS		Date 10/30/2003			
Residence: City Nevada City	State California	US Country	CA Citizenship			
Mailing Address						
Mailing Address 11574 Northview Drive						
City Nevada City	California _State	California 95959 US				
Name of Additional Joint Inventor, if any:		☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle	e [if any])	Family Name or Sumame				
· · · · · · · · · · · · · · · · · · ·	·					
inventor's Signature			Date			
Residence: City	State	Country	Citizenship			
Mailing Address						
Mailing Address						
City	State	Zip	Country			
Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor				
Given Name (first and middl	e (if any))	Family Name or Surname				
		<u> </u>				
Inventor's Signature			Date			
Residence: City	State	Country	Citizenship			
Mailing Address						
Mailing Address						
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